

CAPF 101T-GTM-GROUND TEAM MEMBER

SPECIALTY QUALIFICATION TRAINING CARD GROUND TEAM MEMBER		Advanced Training		Trainer's CAPID and Date Completed
NAME (Last, First, MI)	CAPID	DATE ISSUED		
Prerequisites Item Qualified GES The above listed member has completed the required prerequisite training for issuance of the CAPF 101T-GTM.				
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE		
Familiarization and Preparatory Training Trainer's CAPID and Date Completed				
Task				
Complete Task O-0001 (Prepare ground team individual equipment)				
Complete Task O-0002 (Conduct individual refit)				
Complete Task O-0101 (Identify natural hazards)				
Complete Task O-0103 (Conduct field sanitation and hygiene)				
Complete Task O-0104 (Setup shelter)				
Complete Task O-0201 (Use a compass)				
Complete Task O-0404 (Move as part of a search line)				
Complete Task O-0406 (Use whistle signals)				
Complete Task O-0407 (Conduct attraction techniques)				
Complete Task O-0501 (Tie knots)				
Complete Task O-0601 (Conduct actions if lost)				
Complete Task O-0604 (Build a fire)				
Complete Task O-0605 (Extinguish a small fire)				
Complete Task O-0902 (Exercise universal precautions)				
Complete Task P-0102 (Conduct a phone alert)				
The above listed member has completed the required familiarization and preparatory training requirements for the Ground Team Member specialty qualification and is authorized to serve in that specialty while supervised on training or actual missions.				
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE		DATE		
Exercise Participation The above listed member satisfactorily participated as a Ground Team Member trainee under my direct supervision on mission number _____.				
QUALIFIED SUPERVISOR'S SIGNATURE CAPF 101T-GTM, MAY 01 PAGE 2		DATE		

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QUALIFIED SUPERVISOR'S SIGNATURE CAPF 101T-GTM, MAY 01 PAGE 2		DATE		

CAPF 101T-GTM-GROUND TEAM MEMBER (CONT'D)

The above listed member satisfactorily participated as a Ground Team Member trainee under my direct supervision on mission number _____.

QUALIFIED SUPERVISOR'S SIGNATURE

DATE

Unit Certification and Recommendation

The above listed member has completed the requirements for the Ground Team Member specialty qualification and is authorized to serve in that specialty on training or actual missions. This document can be used in lieu of a CAPF 101 until a new CAPF 101 is received reflecting your upgraded specialty.

UNIT/WING/REGION COMMANDER OR
AUTHORIZED DESIGNEE'S SIGNATURE

DATE